

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF NORTH CAROLINA

IN RE: _____) Case No.: _____
)
)
)
 Debtor(s).)

CERTIFICATE OF SERVICE

I certify that I am, and at all times hereinafter mentioned was, more than 18 years of age, and that on the ____ day of _____, 20__, I served a copy of the Application for Payment of Unclaimed Funds and the required supporting documentation by First Class Mail upon:

Office of the United States Attorney
Middle District of North Carolina
101 South Edgeworth St. 4th Floor
Greensboro, NC 27401

I further certify that on the ____ day of _____, 20__, I served copy of the Application for Payment of Unclaimed Funds by First Class Mail upon:

Dated: _____

Signature

Print Name: _____

Address: _____

Phone: _____

Email: _____